

Richard Zimmermann
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No: 27129/33638A

CONTINUING APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)

**Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231**

Sir:

This is a request under 37 CFR 1.53 for filing a

- ☒ continuation application.
☐ divisional application.

1. Particulars of Prior Application

Application Serial No: 08/756,164
Filed on: November 25, 1996
Title: METHOD OF TREATING CONDITIONS ASSOCIATED
WITH INTESTINAL ISCHEMIA/REPERFUSION
Art Unit: 1646
Examiner: D. Romeo
Prior Docket No.: 27129/33638

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Continuing Application Transmittal Under 37 CFR 1.53(b) and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **October 12, 1999**, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EM 099 778 751 US.

Richard Zimmermann
Richard Zimmermann

2. This request is filed by:

1. Full Name of Inventor	Family Name Ammons	First Given Name William	Second Given Name Steve
Residence & Citizenship	City Pinole	State or Foreign Country California	Country of Citizenship United States of America
Post Office Address	Post Office Address 490 Dohrmann Lane	City Pinole	State & Zip Code/Country California 94564
2. Full Name of Inventor	Family Name Meszaros	First Given Name Karoly	Second Given Name M.
Residence & Citizenship	City San Ramon	State or Foreign Country California	Country of Citizenship Hungary
Post Office Address	Post Office Address 2938 Morgan Drive	City San Ramon	State & Zip Code/Country California 94583
3. Full Name of Inventor	Family Name	First Given Name	Second Given Name
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
Post Office Address	Post Office Address	City	State & Zip Code/Country

- ☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

3. **Amendments**

- ☒ Amend the specification by inserting before the first line the sentence:

CA --This is a **Continuation** of U.S. application Serial No. 08/756,164, filed November 25, 1996 which is a Continuation of 08/232,527, filed April 22, 1994.--

- ☐ Cancel claims in the prior application before calculating the filing fee.
- ☐ A Preliminary Amendment is enclosed.
- ☒ The filing fee is based upon entry of the foregoing amendment(s) (if any).

4. **Copy of Prior Application**

The enclosed is a copy of the prior complete application, including the specification (with claims), drawings, the oath or declaration, and any amendments referred to in the oath or declaration filed to complete the prior application.

5. **Incorporation By Reference**

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under paragraph 4, above, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. **Priority**

- ☐ Priority of application No. _____, filed on _____ in _____ is claimed under 35 USC 119.
- ☐ The certified copy(ies) was(were) filed in prior U.S. application Serial No. _____.
- ☐ The certified copy(ies) has(have) not been filed.

7. **Assignment**

- ☒ The prior application is assigned of record to Xoma Corporation, and has been recorded at Reel No. 7626, Frame No. 99.

8. **Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☒ Small entity status has been established in the prior application and is still proper and desired.

9. Fee Calculation

CLAIMS AS FILED - INCLUDING PRELIMINARY AMENDMENT (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$380.00		\$760.00
TOTAL	10 -20	= 0	X 9 =		X 18 =	\$
INDEP.	1 - 3	= 0	X 39 =		X 78 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim			+ 130 =		+ 260 =	\$
Filing Fee:				\$380.00	OR	\$

10. Method of Payment of Fees

- ☒ Attached is a check in the amount of: \$380.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Transmittal is enclosed.

11. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

Please direct all future communications to Li-Hsien Rin-Laures, M.D., at the address below.

Respectfully submitted,

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MURRAY & BORUN
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233 South Wacker Drive
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By: _____

Michael F. Borun

Reg. No: 25,447

October 12, 1999